In or Docket Number

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	•	CLAIMS A			•	• •			NTITY		ÒTHE	R THAN	
_			(Columi	n 1)	(Colu	mn 2)	TYP	E		OR	SMALL	ENTITY	
TOTAL CLAIMS			· .				R	ATE	FEE] .	RATE	FEE	٦
FOR		NUMBER FILED		NUMBER EXTRA		BAS	IĊ FEE	445	OR	BASIC FEE	89		
TOTAL CHARGEABLE CLAIMS		28 minus 20=		* 8		×	\$.9=		OR	X\$18=	144	1	
INDEPENDENT CLAIMS		2 minus 3 =		*		X	42=		OR	X84=		+	
MULTIPLE DEPENDENT CLAIM P			RESENT					40≐		1			-
* :	the difference	e in column 1 is	less than z	ero, enter	"0" in c	olumn 2	. L			OR	+280=		4
							10	TAL	<u> </u>	OR	TOTAL	1034	1
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